

TOWN OF WESTFORD BOARD OF HEALTH TOWN HALL WESTFORD, MASSACHUSETTS 01886

Phone: 978-692-5509 Fax: 978-399-2558

Application for the Use, Setting, Placing or Maintenance of Certain Trap Types

Pursuant to the provisions of section 80A, Chapter 131 of the M.G.L. and 321 CMR 2.08, I hereby apply for a permit which authorizes the use, setting, placing or maintenance of certain trap types.

Name	Date
Trap Registration #	Phone #
Address	
	Zip
Organization or Firm	
The following information	supports my pagest for a namit
The lonowing information	supports my request for a permit.
A problem caused by fur bearing mami	mal(s) exists on the property of:
Owner	Phone Number
Address	Map/Parcel
City	Zip
Requested Action or Outcome	
Location of proposed trapping (Address	ss & Map/Parcel)
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I have attempted to abate the problem using the following trap types for at least 15 consecutive days and also by alternative non-lethal techniques (when appropriate) but these methods have failed to make such abatement:

Trap Types Employed (I.E. Mouse/Rat Traps, Nets, Box or Cage Traps)		Effort (# of Days)
(-1-11201207 2010 2		(:: 01 = ujo)
	lternative Non-Lethal Methods Employed 'Semi-Passive/Passive Deterrents; Physic	
I certify under the pains and correct to the best of my known Social Sec #/Federal ID #	penalties of perjury that the information provowledge and belief. Signature of Applicant	vided above is true and
	Signature of Property Owner	Date
	Signature of Property Owner	Date
	Signature of Property Owner	